

AIDS Lecture July 8, 1987

Address
Given by
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And
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NAACP
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This was a very important opportunity for the Surgeon General to be able to speak to the major organization in the United States that might bring some special pressure to bear upon the problems we face with the disproportioned number of Black people who have AIDS in reference to their partition in the population. Jessie Jackson was not part of the meeting I spoke to but he was politicking at the NAACP Convention and we had a long warm greeting after I finished speaking and he told me what he had told me several times before, that I was the only good thing about the Reagan Administration. Argument was as futile as always.

It had been seven days since I had last spoken on AIDS and I addressed the dignitaries present, Dr. Gibson, Dr. Hooks, Dr. Colley, Ms. McMillan and commended the NAACP in helping the Black community to meet its health needs. I said that the active health committees established by the NAACP and the community stood as an example of initiative, creativity, and self-sufficiency in a time of great health needs and relatively scarce dollars to meet them. I also took that opportunity to commend this and other Black organizations for their efforts in the struggle against the spread of AIDS. I outlined the focus of my talk as being my report on AIDS to the people of the United States, the educational efforts which I felt most efficiently could help curtail the spread of the disease.

I expressed my feeling of urgency in supporting the call to arms being heard throughout the Black community concerning the problem of AIDS, especially the elevated level of concern since AIDS had disproportionately taken its toll in the Black and Hispanic communities. Twenty-four per cent of the total cases reported, and under the age of 30 years were a staggering 47 per cent were Blacks and Hispanics. As bad as it sounded according to statistical projected, this was the lull before the storm. I was very frank that my concern was at the subsequent social impact would provide greater opportunity for discrimination against Blacks and Hispanics in our society.

In order to better deal with the AIDS health challenge, I said, it was necessary first to present the facts, which I then proceeded to do. I went through the history, oft repeated before, of the naming of the virus, the spread of the disease, the doubling of cases in a

little less than a year, and gave the current statistics. Second, I pointed out that there was still a great deal of work that is required before we truly understood the disease, a long way to go before an effective vaccine or cure was to be developed, reminding them that it took 17 years to develop the Hepatitis B vaccine and that was a comparatively easy virus to understand.

I declared that we knew with complete certainty that the AIDS virus was transmitted directly either through blood or semen from person to person. I went on to point out that was how we could account for so many cases among I.V. drug abusers who shared drug paraphernalia and noted that among Blacks with AIDS 35 percent were I.V. drug abusers.

I also had to be frank about the fact that some homosexual sex practices, not only produce semen, but caused bleeding, which accounted for the fact that people at the highest risk were homosexual and bisexual men. About 40 per cent of Blacks with AIDS fit into that category.

One thing that we didn't know at that time, and would have been good to point out is the number of men of color who were infected by AIDS by forced sodomy in prisons and then bring the virus home to their wives and other sexual partners. But I did talk a little about the prospects of the figures increasing tremendously by the year 1991. By then the number of AIDS cases would have increased 9-fold but the number of cases involving heterosexual persons would increase about 20-fold.

For this audience, the next obvious set of facts to present was the tragic incidence of mother to newborn transmission of AIDS. Almost all babies with AIDS had been born to women who were intravenous drug users or their sexual partners of intravenous drug abusers who were infected with the AIDS virus. I stressed that I had presented these facts because Blacks and Hispanics once again were disproportionately represented in infant AIDS cases with more than half the number of infants with AIDS being Black and another 24 per cent were Hispanic.

This was a good segue into the fact that we had only one weapon against AIDS at that time – education -- and I went through the litany I usually do on this subject: first, the life saving message of saying no to drugs, secondly, put into the consciousness of sexually active people (that can mean any person between the ages of 12 and 80) just two messages that the people had heard from me time and time again – abstain from sex, a good message to young people, or mutually faithful monogamy for older folks.

This was also an occasion to point out that although that sounded like a lesson in morality, it was also good science and that morality and science could advance hand-in-hand toward the same goal.

Naturally, I had to get into condom use and I made it clear that had to be used from start to finish – not wearing a condom only after sexual foreplay.

In getting ready to close, I made it clear that we were fighting a disease and not people, but that we had to expand our efforts and stop blaming, scapegoating, discriminating, or isolating those with the disease or those groups with disproportionately greater numbers of AIDS patients. That would just defeat us.

I invited Black organizations such as the NAACP to establish a planning committee to set strategies to meet the goal of a culturally relevant AIDS prevention program for Blacks.

- Utilize Black community organizations
- Utilize Black health care professionals
- Most important, involve Blacks in majority organizations efforts
- Connect AIDS with STD and other teen programs
- Develop Training programs

After that comes seeking resources to make it all happen. I closed by saying that some said it couldn't be done, and that I disagreed and I was willing to help if I could.

Abstinence
Body fluids with the greatest concentration of the
AIDS virus
Blood & semen
Dangers of multiple sex partners
community
Disproportionate incidence of AIDS among
Blacks & Hispanics
Disproportionate neonatal AIDS in I.V. drug
abusers or their sexual partners
Do's and don'ts about the transmission of AIDS
Education as our only weapon
Goal strategies for the Black communities
Heterosexual transmission of AIDS
Intravenous drug abuse
Isolation of those groups with proportionately
greater numbers of AIDS patients
Mother to newborn transmission of AIDS
Mutually faithful monogamy
Naming of the AIDS virus
New cases this year
Prediction of worse things to come
Predictions for 1990
Prevalence of AIDS
Scapegoating & discriminating of individuals
Sharing of I.V. drug abuse paraphernalia
Social impact of disproportionate Black AIDS
Testing for HIV
Transmission of AIDS
Urgency of facing the problem in the Black

Use of condoms
Vaccine & cure unlikely in the foreseeable future
White homosexual & bisexual men

Mr. Colley
Dr. Gibson
Dr. Hooks
Human Immunodeficiency Virus (HIV)
Ms. McMillan
NAACP